

Putnam County Consumer Affairs
Phone: (845) 808-1617
Fax: (845) 808-1928
plumbers@putnamcountyny.gov



**PUTNAM COUNTY
PLUMBING/MECHANICAL TRADES BOARD
PLUMBING/MECHANICAL TRADES MASTER LICENSE
APPLICATION INSTRUCTIONS
REAPPLY**

Upon the Plumbing/Mechanical Trades Board's approval of your application, you were invited to take a Master's Test in your area of expertise. Tests are administered monthly by an outside testing agency, Brewster Technology. There is a separate testing fee payable directly to the testing agency. If you failed your test, you are required to reapply and there is a \$75/fee. You can reapply as many times as needed to pass. The fee applies to each time you reapply. There is a separate fee to re-take the test payable directly to the testing agency.

Upon passing the test, we will provide you with a New Plumbing/Mechanical Trades Application form for completion. **The annual fee is \$500.00.**

Any application submitted without all of the requested information and documentation will be returned and considered invalid.

Checklist:

- DRIVER'S LICENSE (ADDRESS ON LICENSE MUST MATCH HOME ADDRESS LISTED ON APPLICATION)
- REAPPLICATION FEE is **\$75.00** payable to the Commissioner of Finance



COUNTY OF PUTNAM
Department of Consumer Affairs
110 Old Route 6 Bldg. 3
Carmel, NY 10512
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Fax: (845) 808-1928
plumbers@putnamcountyny.gov

FOR OFFICE USE ONLY
Reapply Application date:
Fee Amount: Check #:
Credit/debit card:
M.O. #:
Receipt No.
Test Date:

PLUMBING/MECHANICAL TRADES MASTER LICENSE APPLICATION

Answers to ALL questions must be printed or typed, accurate and complete in order to be submitted for certification.

Type of Plumbing/Mechanical trade

Please check the trade for which you were originally approved:

- Plumbing Sheet Metal LP Gas Installer Heating HVAC
Refrigeration Oil Burner/N.O.R.A Water Treatment Pump Installer
Water Well and Pump Drilling Fire Sprinklers Geothermal Drilling

Applicant Information

Name: Date of Birth: / /

Since your last application, have you been convicted of any crime, felony, misdemeanor, or violation?

Circle one: YES NO

If yes, explain and enclose a certified copy of the disposition:

Blank lines for explanation of conviction.

FILL THIS SECTION OUT ONLY IF YOUR INFORMATION HAS CHANGED

Home Address: Home Phone:
Work Phone:
Cell Phone:

E-mail:

Present Employment Information

Name of Business: _____

Business Address: _____ Business Phone: _____

_____ Starting Date: _____

E-mail: _____

NOTE: THIS APPLICATION MUST BE NOTARIZED BELOW

Applicant Signature

STATE OF _____ ss:)
COUNTY OF _____)

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Signature

Notary Stamp